

The Rational Enquirer

May 2001

**Teen Pregnancy Prevention:
New and Expanding Perspectives**



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NEW AND EXPANDING PERSPECTIVES

You may have noticed that The Rational Enquirer is sporting a brand new look for a brand new millennium. Though certainly not a caterpillar during our previous years of successful publication, there's no question that we have metamorphosed into a brighter, more colorful, more energetic-looking animal. What remains the same, however, is the wealth of helpful, well-grounded information you'll find here.

The new look captures both our enthusiasm for our work and our pleasure at the good news marking the start of this new century. In Oregon and elsewhere, teen pregnancy rates have been declining for many years now. Nationally, this drop is attributed to the complement of services that assure better access to contraception, abstinence education, and youth development programs. These services exist in the smallest Oregon communities and our most urban settings in ways that are defined and supported by the communities themselves. Excellent, productive work is being done by teen parent and pregnancy prevention coalitions, schools, health clinics, school-based health centers, churches, youth development activities, social service programs, and families all across our state.

Our work continues to offer both rewards and challenges as youth struggle to make the best choices for themselves in a highly sexualized culture. We do our best to teach them about values, character, and personal integrity. We use strategies that provide them with refusal skills and self-esteem building, and then allow them to find their way in a world where the ultimate life decisions rest on them. Today's youth are diverse, intelligent, committed, and determined to make a difference. Celebrating their successes and who they are as human beings is critical.

This issue of the Rational Enquirer is dedicated to new and expanding perspectives. To best meet the needs of today's youth, we must be aware of emerging issues and seek innovative strategies to address them. Our work must be comprehensive and must address overall adolescent health and well-being. This issue also focuses on how we can develop programs that are meaningful to, and directed towards, young males. The future is now, and today's young people need us to be informed. They need us to listen to their ideas and suggestions, and, most important, they need us to be actively involved in their lives.

The Rational Enquirer

A publication of the
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Harnessing the Power of the Press

Last October, the Oregon Teen Pregnancy Task Force hosted its annual conference, "A Time for Celebration: Moving Beyond the Boundaries." Sarah Brown, executive director of The National Campaign to Prevent Teen Pregnancy, presented the keynote address to the 250 conference participants.

The focal point of her address was on the importance of forging relationships and cooperation with the media. The impact on teens of a favorite soap opera star speaking out about safe sex is very powerful indeed, she reminded her audience. Powerful, too, is the effect of reading articles about healthy sexual behaviors in such influential publications as *Teen People* magazine.

The National Campaign has been working closely with the media for the past five years through print materials, radio and television. Based on this experience, Sarah provided the following tips to help us to work more effectively with our local press:

1. Why should they care about this story? (Let them know the problem is real and urgent and deserves their attention.)
2. Personalize, personalize, personalize! (Tell them the personal stories about real people. Don't send them "stuff" [data and reports] as they don't have time to read it all. If you do want to publish a report, use print media [newspapers], and if you want to relay a human-interest story, use TV.)
3. Consider the "gee whiz" factor. (Shake things up a bit, provide an edgy angle on a national story, a shocking statistic, etc. Use a catchy phrase, like "brain drain," or find an unlikely teen pregnancy prevention partner like the local animal shelter.)
4. Do not lump teens into a single group.
5. Do not tell the media how to do their job. (You can furnish the information, but don't tell them how to write the story.)
6. Partnership is a two-way street. (Be friendly. Return their phone calls within 15 minutes. You want them to be there for you, so you must be there for them.)
7. Remember the cheap and easy stuff. (The little things can make a difference, too. They may not use your information on TV or in the newspaper article, but they may put it on their web site.)
8. Don't play coy. (If you don't know something, say you don't know. Be straight with them. It is perfectly OK to say you don't know and you'll find the answer and get back to them.)
9. Relationships matter. (Personal relationships make the biggest difference.)
10. Simplify your message. (Make your message clear, simple, and straightforward.)
11. Choose your timing wisely. (Be aware of their busy times. If you're trying to get your story on TV, avoid the sweeps months of May and November.)
12. Keep your issue alive. (The greatest danger is complacency. Send information to reporters every six weeks. Be subtle, but keep the issue in their face.)
13. Less is more. (Be clear, crisp and careful. Everyone is very busy. Be respectful of people's business.)

"All adolescents have sex lives, whether they are sexually active with others, with themselves, or seemingly not at all... If more people could view adolescent sexuality as a potentially positive experience, rather than sanctioning it as one fraught with danger, young people would have a better chance of developing healthier patterns and making more positive choices."

- Lynn Ponton (*The Sex Lives of Teenagers: Revealing the Secret World of Adolescent Boys and Girls*)

Teens and Oral Sex

You may have noticed this apparent trend on national news, in public health journals, sociology reports, teen 'zines, or conversations with youth. A *New York Times* article of April 2000 quoted a psychologist as saying that oral sex is “like a good-night kiss to [middle school students].” Last January, on “Dateline NBC,” four teens from California and New York agreed that oral sex among their peer groups is “recreational” and within the scope of “making out.” For some, making out may now mean everything but intercourse.

Recent national studies suggest that oral sex among adolescents is increasing. An Alan Guttmacher Institute report of December 2000 found that one-half of teenage males say they have engaged in oral sex with a girl.

Some experts believe these trends are exaggerated, born out of media interest and increased general comfort with the topic. Certainly, there's a lack of consensus, yet “many experts do believe that in this era of HIV/AIDS and abstinence promotion, many teenagers perceive oral sex as safer and less intimate than intercourse,” notes Lisa Remez, author of a recent report. Perhaps the national focus on abstinence-only education has led some teens to define “sex” only as vaginal intercourse. Perhaps public figures have defined oral sex as “not a sexual act.” Perhaps it is an indication of new definitions of sexuality and expression.

Reducing Risks

While oral sex can't produce a pregnancy, it does put people at risk for sexually transmitted disease (STD), including HIV/AIDS. STDs can infect a mouth

and throat as well as genital areas, whether one is performing oral sex with a male or female. STDs can be transmitted during contact with saliva, semen, blood, sores, and even tissue that may appear healthy. Adolescents can reduce their risk of STD infection by protecting themselves from their partners' genital fluids.

Talkin' 'Bout Oral Sex

Even those with differing viewpoints agree on a key strategy for youth service providers and parents: better communication. “We've drilled the kids on the dangers of pregnancy, but we haven't talked as much about activities that don't result in pregnancy,” emphasizes Linda Alexander, president of the American Social Health Association.

Adults need to be open to talking with teens about sexuality, as well as the variety of sexual practices and their associated risks. Parents, educators, and clinicians should talk with adolescents about the importance of developing emotional intimacy within relationships and setting boundaries while relationships grow. Oral sex can be included in discussions by comparing the physical risks and emotional differences between specific “making-out practices.” The bottom line is that oral sex, with its risks and responsibilities, should not be taken lightly.

For more information, try these web sites:

Planned Parenthood

www.plannedparenthood.org;

Oregon Health Division

www.ohd.hr.state.or.us/chf/welcome.html

Centers for Disease Control

www.cdc.gov/nchstp/dstd/dstdp.html

Table Matters

Here are some suggestions for making mealtime enjoyable and meaningful:

- It's not what but how you feed your family. Simple foods served with love and laughter can outshine the fanciest meals.
- Avoid disciplinary discussions that could be handled at another time. Family meals are not the time to reprimand a child for not doing chores or for problems in school. Don't fight with children about what they are not eating.
- Make sure that everyone has finished before anyone leaves the table without permission.
- Don't answer the phone during mealtime.
- Turn off the TV!
- Have mealtime celebrations. If the budget allows, take an occasional trip to a restaurant. Get the whole family involved in developing fun food traditions, like pizza or pasta on Friday nights.
- Beware of the “whining hour” before dinner when everyone is hungry and cranky. Plan for it with light snacks (carrots, crackers) and videos for small children.
- Open conversation by having each family member go around the table telling about the best and worst part of their day.
- Enjoy your time together and don't rush.





Love on the Menu

by Jennifer Young, MPH, RD

“Please pass the love, unity, and spaghetti. An unlikely request? Perhaps. But in truth, that’s what you give your child when you sit down together at the family table.”

Those words by Oregon dietitian Connie Evers underscore recent findings that eating meals together as a family not only promotes better nutrition, but also plays an important role in helping teens deal with the pressures of adolescence.

Family mealtimes are an important part of the socialization process, during which children and adolescents learn to understand family values, traditions, and a sense of their cultural heritage. It’s a valuable form of quality time that families can use to learn about each other, discuss family needs, and plan for activities. Children and adolescents develop special skills during family meals, such as table manners, taking turns speaking, and listening to the person talking. Quality mealtime conversation between parents and children has even been shown to increase children’s mental and verbal abilities.

William Doherty, a family therapist and director of the Marriage and Family Therapy Program at the University of Minnesota, suggests that families begin mealtime rituals when children are young, so that when they become teenagers they don’t object. “They like them, whereas if you try and start it when they are teenagers, they might rebel.”

Jennifer Young is a nutrition consultant with the Center for Child and Family Health section of the Oregon Health Division. (503) 731-8619

Food for Thought

In 1998, *APA Monitor*, the publication of the American Psychological Association, reported on a study conducted by psychologists Blake Sperry Bowden and Jennie M. Zeisz. They studied 527 children aged 12 to 18, categorizing them as either “adjusted” or “non-adjusted.” The adjusted teens were less likely to take drugs or be depressed, were more motivated at school, and had better relationships with their peers. They ate dinner with their families an average of five days a week.

Significantly, the non-adjusted teens ate a meal with their families on an average of only three days a week. The number of days per week that adolescents ate meals with their families was a more powerful predictor of whether or not they were “adjusted” than was age, gender, or family type.

While no specific studies have looked at family meals in terms of teen pregnancy prevention, the findings from this study led the researchers to conclude that family mealtimes are strongly related to decreased risk factors for drug and tobacco use, depression, poor academic achievement, and unstable peer relationships. Findings from the national Youth Risk Behavior Survey (YRBS) indicate that risk factors such as teen pregnancy tend to be linked with the risk factors mentioned above. Therefore, it is probably not unlikely that the “adjusted” teen would also be a positive predictor of teen pregnancy prevention.



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of this Rational Enquirer, visit:
www.ohd.hr.state.or.us/ah/

Relational Aggression:

How Girls Hurt Each Other

Words and Friends As Weapons

by Sue Wellman



The Victim

One morning I awoke to find that my house had been egged. Someone had started a rumor that I had gone on a date with a senior boy, so his girlfriend decided to throw eggs as a payback. In fact, I had only been at dinner with my family. In the halls at school, girls would shout hurtful things at me. At a basketball game, they verbally harassed me in front of everybody. That night, I went home and cried to my parents. Feeling the entire school was against me, I became more and more isolated. Never before had I realized how vulnerable I was. I made it through the school year, but had almost completely withdrawn from most school functions. In the fall, I transferred to another school.

A high school student cried as she told us about her life in middle school. She had been targeted as a “dog,” and day after day had to walk the halls with kids barking at her. We listened in silence. Then someone asked, “So what happened?” “I stopped it,” she said softly. Well, thank goodness. “How?” We had to strain to hear her reply: “I picked out another girl and started to call her a dog. The others forgot about me. We barked at her instead.”

Physical aggression - fistfights, dating violence, violent crime - has received the most attention from researchers, educators, and parents, who understandably want to protect children from bodily harm. Since most females engage in comparatively low levels of physical aggression, this focus has led to the notion that females are less aggressive than males.

Yet aggression - defined as behavior that is intended to harm others - can take many forms. We now know that school-aged girls are far more aggressive than previously believed; their preferred form, however, is not physical, but relational.

Relational aggression encompasses behaviors that harm others by damaging or manipulating relationships with peers, or by injuring their feelings of social acceptance; using words and friends as weapons. For example:

- Purposefully ignoring someone when angry - giving the “silent treatment”
- Spreading rumors about a disliked classmate
- Telling others not to play with a certain classmate as a means of retaliation.

In each of these examples, social relationships are used as the vehicle for harming a peer.

Sue Wellman started the Ophelia Project in Erie, PA, dedicated to saving the selves of girls by protecting and reconnecting families through awareness, education, and advocacy.



The Aggressor

In middle school, all my friends thought it would be funny to stick gum on the outside of my locker. It became a joke - I didn't mind it at all - and soon, even my guy friends joined in. Then we noticed a “not-so-popular” girl sticking her gum there. The nerve! We'd have to show her that it was certainly not OK! The next day, we stuck a huge wad of gum around her lock, so she couldn't open it. She went to the principal, and he called us in. But we justified sticking gum on her lock and got away with it. For a while, we'd sit next to her in class and make fun of her, but eventually we forgot about it and left her alone. We had probably found a new victim. It wasn't until two years later that I finally realized what I'd done and apologized. Now I hate what I did to her.

What To Do

by Sue Wellman

Parents:

- Involve girls in activities outside school so they're exposed to different groups of people. Girls need people who won't judge them by the "popularity standard" of their middle- and high-school peers.
- Encourage relationships with adults who will appreciate them for who they are.
- Always be available to talk to girls; never make them feel their issues aren't important.
- Talk about both sides of the issue. Remember that girls will tell you about being the victim of aggression, but won't tell you when they initiate or participate in it.
- If your daughter is the "girl in the middle," firmly but lovingly encourage her to take the high road and support the victim or at least not to take part in the aggression. This is hard for girls because they may be the next target if they don't go along, but that doesn't change what is the right thing to do.
- Be a good role model. Don't gossip about anybody, including other parents or their children, even when they may be aggressors against your child.

Girls:

- Remember that everyone feels his or her social life is missing something - you're not the only one.
- You can help others when they're the victims. Do what you think is right, not what's cool.
- Reject the idea of revenge - remember that you're a bigger person for being able to do what's right, rather than trying to gain more popularity.
- Look for someone who's feeling left out and reach out a helping hand.

Teachers:

- Work inside your school to adopt a zero tolerance for relational aggression.
- Form an advisory group with your colleagues to begin discussing techniques to defuse relational aggression. Attend Relational Aggression Workshops.
- "Name it" in class. Make sure all your students know what relational aggression is, how it hurts, and that it is not acceptable in your class.
- Develop a behavioral contract with the students to stop hurting each other.
- Elicit students' help in developing a motto for the positive treatment of everyone.
- Be a positive role model of values, behaviors, etc.
- Don't ignore children hurting each other.
- Don't give up.



Get Active in Portland

by Sue Wellman and Kathy Masarie



Launched in 1999, the Ophelia Project's relational aggression program has impacted hundreds of girls, including in Portland. In the program, high school mentors are trained as facilitators. They talk about their own middle-school years, role-play examples of what happens in school, and lead the girls in small group discussions about how it feels to be the victim. Then they redo the role-playing, showing how the girl in the middle can impact aggression in a positive way. Finally, participants are given the chance to create their own scenarios with better ways to handle painful experiences.

Research is now underway to determine the program's effectiveness. A pilot program for boys is in development.

The Ophelia Project and Full Esteem Ahead are providing yearly training sessions on how to implement the program in Portland. A Relational Aggression Prevention Team meets monthly to plan how to implement this program in Portland schools and communities. For more information about the team, or about relational aggression workshops or other events, call Full Esteem Ahead at (503) 296-6748.

*74% of girls who had intercourse before age 14
and 60% of girls who had intercourse before age 15.
reported having had sex involuntarily.
(1994 Alan Guttmacher Institute study)*

Connecting Youth Development and Teen Pregnancy Prevention

People are always saying to me, "Oh, I see you do work in teen pregnancy. What do those girls need not to get pregnant" And my answer is those girls need the same things your daughters need - they need soccer clubs and ice skating and chances to acquire the basic skills.

- Judith Musick

Youth development programs can generally be described as multi-component programs designed to promote healthy personal development by improving a variety of skills and options, bolstering self-esteem, and giving young people opportunities for growth and achievement.

Good youth development programs often contribute greatly to the lives of young people who are lacking an intact family, supportive peer groups, or a stable neighborhood and home environment. These youth tend to be more vulnerable to poor academic performance, live in impoverished settings, come from single-parent families, live in chaotic or dangerous neighborhoods, and have strained relationships with their families. Rather than focusing on these problems, however, youth development programs focus on the young persons' potential. They also offer opportunities for meaningful relationships with adults and older peers.

What This Has To Do with Teen Pregnancy

First, research shows that general youth development interventions may be powerful in reducing teen pregnancy in particular. For example, studies have found that girls who are involved in athletics tend to delay intercourse to a later age than those who do not participate in organized sports.

Second, such programs can create an area of common ground, where it's possible to avoid some of the disagreements that typically surround efforts to prevent teen pregnancy. People who may disagree over sex education or contraceptive access, for example, can often agree on positive youth development interventions that offer kids motivation to choose to remain pregnancy-free.

Third, teen pregnancy prevention programs might form closer relationships with youth development groups in order to gain access to the sheer numbers and their well-developed framework for reaching young people. Some national youth development organizations have served millions of young people over the years, giving them unparalleled experience and credibility with teens, families, and communities. Local organizations may have done the same, establishing themselves as centerpieces in smaller communities.

Basic Principles

At a national conference, "Creating Safe Passages for Youth," sponsored by the National Campaign to Prevent Teen Pregnancy, the National Urban League, and Girls, Inc., four basic principles were proposed for programs that intend to reduce teen pregnancy:

1. Preventing teen pregnancy is about much more than sex.
2. Teens are more than just pregnancies waiting to happen.
3. Motivation to avoid pregnancy and parenting can come from many different sources.
4. Strong relationships with responsible adults make a difference.

This article is adapted from Start Early, Stay Late: Linking Youth Development and Teen Pregnancy Prevention, the National Campaign to Prevent Teen Pregnancy, 1998.

An Oregon Connection

Youth development principles provide the framework for the Oregon Youth Development Initiative, sponsored by the Oregon Commission on Children and Families.

This approach actively engages youth, their families, schools, faith communities, and other institutions in building competencies and connections that enable youth to become successful adults. Historically, youth-serving agencies and youth development professionals have focused on prevention education. Many now realize that “problem-free” may not mean fully prepared to become successful members of our communities.

The Oregon Youth Development Policy Council and the Resource and Training Committee are tracking national legislation (Younger American Acts) that, if passed, will bring financial resources to states and local communities to implement youth development activities. The policy council is also working to develop recommendations that support the implementation of a youth development approach. The Resource and Training Committee is developing regional orientation training and more intensive training for youth professionals, and is identifying materials that support youth development.

Last February, the 2001 Oregon Youth Development Conference, “Building Partnerships: Investing Now for the Future,” brought together a cross-section of over 800 youth, professionals, and community members interested in a strength-based youth development approach. Participants had the opportunity to examine how they view, interact, and work with young people in their communities, and learned creative approaches to enhance strategies for developing innovative partnerships. The conference was sponsored by the Oregon Commission on Children, Oregon Community Colleges and Workforce, Adult and Family Services, Department of Education, Oregon School Age - Enrichment & Recreation Project, and Youth Services.

For more information on the Younger Americans Act, visit the National Youth Development Information Center web site at www.nydic.org, or call 1-877-NYDIC-4 U. You can also contact Connie Carley, Oregon Youth Development Coordinator, on upcoming training and other youth development-related activities at (503) 373-1570, x224.



More
Students
Say

“Let’s
Wait”

In order to offer abstinence education to a wider range of adolescents, the STARS program has been joined by three new programs.

Stop and Think

Provides tools for making healthy decisions and teaches skills to follow through on those decisions. Contact Andrew Robinson, Lane Pregnancy Support Center, 134 East 13th #5, Eugene, OR 97401; (541) 485-8662.

Youth Solutions

Provides an activity-based curriculum that has been shown to reduce the incidence of sexual activity. Contact Rose Fuller, Northwest Family Services, 4805 NE Glisan Street, Portland, OR 97213; (503) 215-6377.

Managing Pressures Before Marriage Educational Series

Offers information and skills, guidance in handling difficult social situations and on how to set limits on physically expressing affection. Contact Marian Apomah, Training Support Coordinator, Adolescent Reproductive Health Center, Box 26061, Grady Health Systems, 80 Butler Street, SE, Atlanta, GA 30335; (404) 616-3513.

Students Today Aren’t Ready For Sex (STARS)

Utilizes the powerful influence of older teen leaders to deliver the message that it is best for teens to postpone sexual involvement. Contact, Jon McDaid, Adult and Family Services, 12901 SW Jenkins Road, Suite B, Beaverton, OR 97005; (503) 646-3642.

Teenagers Are Amazing

by Someone Who Knows

*Teenagers are amazing.
I wish the world would see
just how beautiful we are,
how compassionate we can be.*

*I wish they could take back
all the cynical things they've said,
and see how much we shine-
be positive instead.*

*Remark on our radiant smiles
and the difference that we make,
all the people our lives touch,
all the chances that we take.*

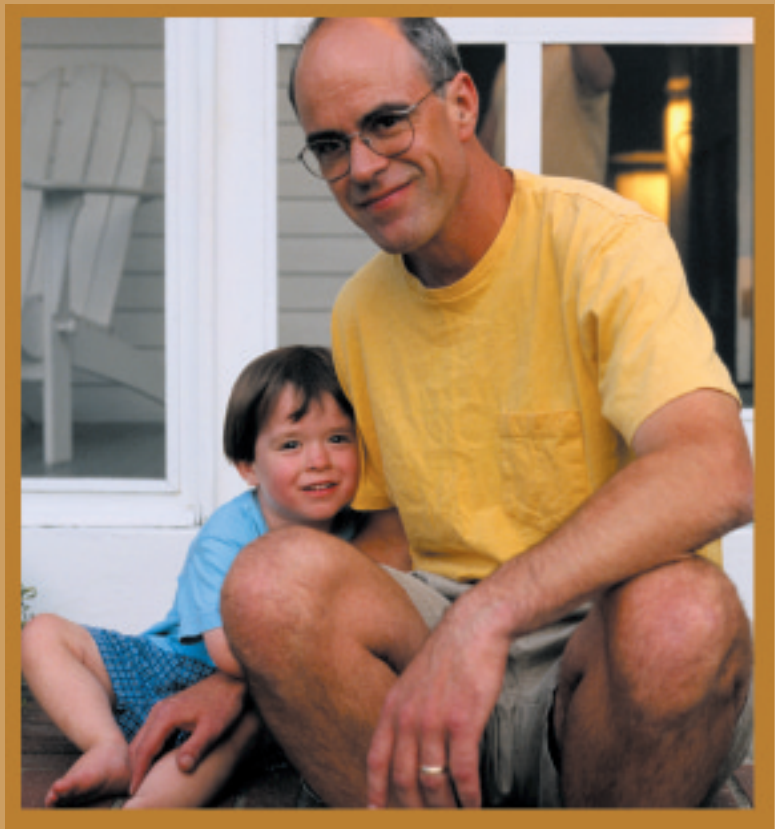
*Notice how we change
each and every day,
wanting to leave childhood,
wanting desperately to stay.*

*I wish they could remember
how tough our lives can be,
the promises that are broken,
the violence that we see.*

*Yet still we venture onward,
unsure where roads may lead,
hoping they'll take notice,
hoping they'll take heed*

*Of the changes that we've made,
of the power that we hold,
of the wisdom we have hidden,
of the stories yet untold.*

*I hope the world will notice
what some have already seen,
teenagers are amazing people,
striving to follow their dreams.*



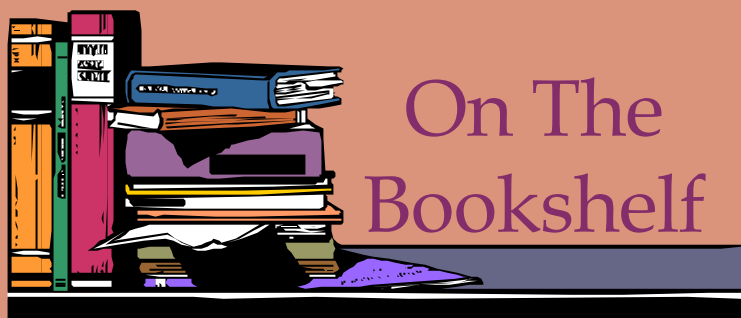
Fathers and Daughters

Here are some of our current favorite web sites on this subject.

<http://fatherhood.about.com/parenting/fatherhood/>
A comprehensive site touching on many issues relating to fatherhood. Recent articles deal with coaching, discipline, and building father-friendly workplaces.

<http://www.fathermag.com/Father-Daughter.shtml>
Fathering Magazine calls itself "the online magazine for men with families." Contents include sections on fathers and son and fathers and daughters, as well as such issues as health and the joys of fathering.

<http://www.menstuff.org/issues/byissue/fathersdaughters.html>
This "national men's resource" also includes a wealth of information on fathers and daughters.



SIECUS has an excellent bibliography called "Sexuality in the Home: A Guide." These are just a few of the selections. You can get the full list free of charge on the SIECUS web site at www.seicus.org.

All About Sex: A Family Resource on Sex and Sexuality

Ronald Filiberti Moglia, Ed.D. and Jon Knowles, Editors. Published by the Planned Parenthood Federation of America, the book provides important information about sex and sexuality in straightforward language that families can understand and use. Intended to facilitate family communication, establish sexual values, and encourage responsible sexual behaviors.

Free Your Mind: The Book for Gay, Lesbian, and Bisexual Youth and Their Allies

Ellen Bass and Kate Kaufman. Provides practical information, validation, reassurance, and advice. Includes chapters for parents, educators, clergy, counselors, and members of the community.

Five Hundred Questions Kids Ask About Sex and Some of the Answers

Francis Younger, M.A. Intended for parents, teachers, and young people. Written in question-and-answer format, it provides clear, comprehensive answers to questions young people ask.

Sex Is More Than a Plumbing Lesson: A Parent's Guide

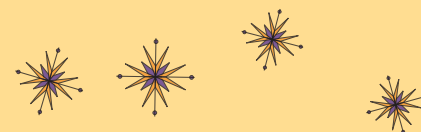
Patty Stark. Stresses the complex nature of human sexuality and the parent's role as a sexuality educator. Written clearly and directly, it encourages parents to communicate with their children about sexuality.

Changes in You and Me: A Book About Puberty Mostly for Boys
Changes in You and Me: A Book About Puberty Mostly for Girls

Paulette Bourgeois and Martin Wolfish, M.D. These books provide handy references about the body and some of the changes and feelings that go along with growing up.

"I'm Pregnant, Now What Do I Do?"

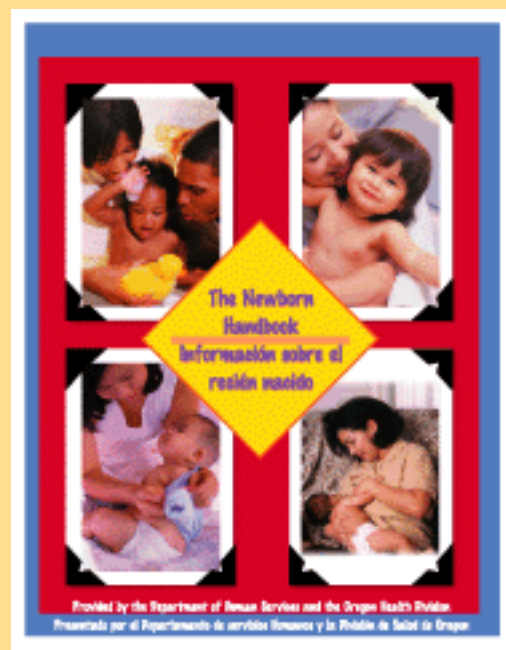
Robert W. Buckingham, Dr., P.H., and Mary P. Derby, R.N., M.P.H. A valuable resource for young women, their partners, and their families. Provides firsthand accounts from young women and allows the reader to make her own fully informed decision.



Now Newborns Come With Handbooks

Every baby born in an Oregon hospital goes home with a large stack of information and materials. One of the most important of these resources is *The Newborn Handbook*. Inside is a wide range of information to help parents provide good care and a safe environment for their baby. Health-related contents cover everything from breastfeeding, baby shots, and home safety, to services available to new parents. You can print your own copy of the handbook from this web site:

www.healthoregon.org/ccfh/welcome.htm



Wanted More Good Men

by Howard Hiton



In the past, when we looked at the role of boys in pregnancy prevention, the tone was often negating and accusatory. We have done a good job of telling young men what we don't want from them, but how are we doing at nurturing the strengths within males to become the men we want them to become? If we want boys to be equal partners in preventing pregnancy, we have to look at the whole boy. One young man in a Multnomah County focus group put it this bluntly: "You have to give guys a reason to want to not get a girl pregnant."

So how do we better support boys and nurture what is positive about maleness? Portland Public Schools has embarked on a year-long project to answer that question. The district is looking at research to discover the best ways to keep boys connected to schools, best practices for helping boys learn, effective strategies for helping boys develop healthy relationships, and proven methods of helping young men to develop pro-social behavior. The Building on Boy's Strengths report will address staff training needs, potential direct services for boys, suggestions for school-wide improvement, and a plan for implementation. The goal is to develop a plan based on current research and best practices while providing practical ideas for application.

As part of another effort to increase male involvement in adolescent pregnancy prevention efforts, Multnomah County Health Department conducted a needs assessment to ascertain young men's knowledge, attitudes, and perceptions about adolescent pregnancy and parenthood (see pages 14, 15). Information gathered through a series of focus groups was then used to inform two male involvement projects.

The most recent of these is a pilot project called Involving Males: A Meaningful and Respectful Approach, funded by Adult and Family Services. Other partners in the effort are Portland Public Schools and Multnomah County Health Department.

First is a series of 10 weekly, facilitated group discussions with eight to twelve boys ages 14 to 18 at Marshall School-Based Health Center. The facilitated group discussions are designed to provide an opportunity for the boys to:

- Discuss positive images about what it means to be male.
- Learn and practice skills to communicate more effectively and develop respectful relationships.
- Gain an awareness of societal influences that shape negative perceptions of being male.
- Positively support one another.

Following week two, the boys will participate in the North Portland Group Challenge Course, an exercise to accelerate their ability to trust, work together, and gain self-confidence through personal risk-taking.

The weekly sessions will be followed by a community service project designed to allow the boys to have experiences demonstrating empathy and compassion for others.

Howard Hiton has been providing individual, family, and chemical dependency counseling services for 12 years in settings such as residential treatment for adjudicated boys, middle schools, and high schools. He is currently in private practice and can be reached at (503) 234-6972, or at hhiton@aol.com

A Manned MARS Mission

Supporting men so that they can take a responsible role in promoting equality and cooperation in relationships, pregnancy prevention, sexual health, contraceptive use, and overcoming stereotypical gender roles.

- MARS mission statement

MARS (Male Advocates for Responsible Sexuality) is a new program in Benton County designed to increase the number of young men using family planning clinics for sexual health and contraceptive counseling visits. It got off the ground (so to speak) in October 2000, with a start-up budget of \$10,000 from a Title X special grant, and a \$5,000 RAPP (Reduce Adolescent Pregnancy Partnership) grant.

Coordinator Lena Edmunds, C.H.E.S., health educator at Benton County Health Department, notes that the program began to see results as early as February 2001.

MARS is based on male mentors initiating discussions around gender issues, stereotypes, sexual health, and ultimately, contraceptive decisions. Two male Oregon State University students do part-time outreach work, targeting organized groups of male high school and college students and their leaders.

Young men are encouraged to make a sexual health counseling appointment at the Benton

County Health Department Family Planning & Sexual Health Clinic or the OSU Student Health Services. The first appointment for any male who mentions MARS is free, funded usually by FPP (Family Planning Project). An appointment with a nurse focuses on a 30-minute conversation addressing such issues as healthy relationships, testicular self-exams, sexual health, abstinence, and contraceptive options.

What might inspire a guy to visit a women's clinic? The MARS program provides an incentive in the form of a coupon for a \$10.00 Fred Meyer gift certificate when the young man comes in for a family planning appointment. Coupons are available from outreach workers and at the clinic itself when the client says "MARS."

MARS outreach workers originally planned to work extensively with male athletic teams. Unfortunately, says Lena Edmunds, athletic directors "haven't been as supportive" as hoped. A common concern is that practice time is too valuable to be interrupted.

While continuing to pursue compromises with athletic departments, MARS has expanded into other avenues of approach. Outreach workers have tailored their presentations to a number of specific audiences, including high school counselors, OSU residence halls, the OSU inter-fraternity council, church youth groups, mentoring programs, and some high school classes.

"A better world depends on making all groups happier and healthier. If we want more good men in the world, we better start treating boys with less blame and more understanding."

**- Steve Biddulph,
preface to *Raising Boys***

YOUNG MEN WANT TO KNOW

Attempts have been made for years to involve males in pregnancy prevention efforts. Have they been successful? Do the young men feel involved and included? Have our efforts made a difference?

To learn the answers to these and other questions, several focus groups have been conducted regionally over the past couple of years. The results provide important information on young men's knowledge, attitudes, and perceptions regarding adolescent pregnancy and parenthood. Several themes emerged that could prove useful to those looking to develop respect-based programs that are meaningful to young men.

The focus groups made it clear that young men want more opportunities to talk among themselves in a safe, non-judgmental environment. They want more information about relationships with females, and they need support and social change to resist the stereotypes that perpetuate unrealistic and undesirable images about what it means to be male.

They see the value of being prepared for fatherhood, yet they also want information about sexuality that is not focused solely on the negative consequences of too-early parenting, but inclusive of the positive aspects of sexuality as well. Young men see clinic services as an important source of information yet don't always see themselves as sought-after clients of those services. These young men want to receive information and education about sexuality at an earlier age so they can be prepared rather than sorry. They also want candid, honest, reality-based information that talks about issues like masturbation that are harder to discuss.

As providers, we must listen to what the boys have to say and take their concerns seriously. These lessons learned can assist us in truly meeting the needs of young men in a way that says to them "we value you, we respect you, and we want to design our programs in a way that shows you we mean it."



FREE
Birth Control Services
and Supplies are
Available NOW!

Through the Oregon Family Planning Project, eligible adolescents (both girls and boys) can receive free services throughout the state. Services include: pregnancy testing, birth control supplies, related medical exams, related lab tests, counseling and education, referrals to needed services. Even expensive, highly effective birth control methods are included. Call 1-800-SAFENET (1-800-723-3638) for a participating clinic nearby.

For More Information

Here are details on the focus group sessions with young males.

- > Perceptions of Male Sexual Responsibility: A Qualitative Study of Young Men. Deborah Boyer, Ph.D., Principal Investigator, Jacquie Stock, OTR, MPH, Data Analyst Center for Health Training, Seattle WA (206) 447-9538 seattle@jba-cht.com
- > Male Involvement in Adolescent Pregnancy Prevention: Needs Assessment and Program Recommendations for Oregon. Selene Oslak, Public Health Educator/Intern, Oregon Health Division, August 1999. For more information, contact Judy Fightmaster at (503) 731-3242.
- > Males in Adolescent Pregnancy Prevention: Focus Group Findings, Multnomah County Health Department. 1999. For more information, contact Lisa Cline (503) 988-3663 x29054 or lisa.a.cline@co.multnomah.or.us

Focusing on Young Men: Specific Findings

Sources of information and communication with other young men

- Participants expressed a need for trusted sources of support and information and opportunities to share.
- Young men value the opportunity to talk with other young men in a group setting, guided by an adult male, in a non-judgmental open discussion format.
- They're looking for approachable adult males to talk to about topics related to sexuality.

Relationships with females

- Many participants indicated a lack of understanding of women.
- Many feel awkward when discussing sex and often fail to communicate with their partners about sex.
- Frequently they spoke respectfully about women and dating. "I've only slept with girls that I have strong feelings for... I make sure that we respect each other and that it's something we both want to do."
- Mistrust of girls was also a pervasive theme. For example, the young men tell each other not to believe a female if she tells you she's pregnant or using birth control.

The impact of male stereotypes

- Participants perceive that males are expected to be irresponsible and uninvolved. Although they acknowledge that some males deny their responsibilities, assumptions that all males will do so make it hard for them to be involved.
- They experience peer pressure to be "players," with numerous low-commitment relationships.
- Issues arise about their need to perform and live up to the stereotype of male as sexual aggressor.

Contraceptive Use

- Most see contraception as something that either or both partners in a relationship have control over and responsibility for.
- However, some participants stated that their partners' use of birth control tended to reduce discussion and, in some ways, displace them from involvement in decision-making about birth control and STD protection.
- Method problems were consistently mentioned as important reasons for not using condoms. These centered on decreased comfort or sensation and imperfect effectiveness.
- The lack of a variety of effective methods for men and the need for an effective male hormonal contraceptive were noted. The term "birth control" was sometimes interpreted as referring only to female methods, while condoms were considered separately.

Fatherhood

- Participants felt that the most important parts of a father's role were to provide emotional, physical, and financial support, and to simply "be there."
- Most said they do not want children, or any more children, until later on in life, after they are prepared.

Adolescent pregnancy and sexual activity

- Most participants consider adolescent pregnancy to be a problem. They perceive that the children of young mothers are not well cared-for or are being raised by others. They are disturbed by the number of girls getting pregnant, and by the fact that "really young" girls are getting pregnant.
- Sex, however, is not seen as a problem. "Everybody's talking about the consequences, but not the good stuff that comes out of it."

Clinical Services

- Participants mention clinics and doctors as their first choice for reproductive health information, though many have never seen a provider for their reproductive health concerns.
- They see clinics as offering more for women and neglecting men. Male-only clinics and services were not as popular in theory as services designed to include everyone. "They help females because the females gotta go there for their Pap smears or whatever, but you know, the guys, they really do nothing for the guys but free rubbers, that's it."
- Cost, embarrassment, and lack of awareness of or familiarity with services are barriers. They see the need for outreach and advertising more than transportation.

Educational themes

- Those who had received health education related to sex felt that the information was useless by the time they got it. Some are beginning to be sexually active in middle school and need factual information about it before then. "I mean, what real kind of training does a guy have on his first date?... It just seems that a lot of times we gotta learn everything on our own, and you can be in a world of hurt later."
- Masturbation and celibacy should be promoted as acceptable choices. "That could stop half of what's goin on, man! ... You ain't going to get pregnant playing with yourself."
- They want detailed, reality-based information and an active, fun learning experience.

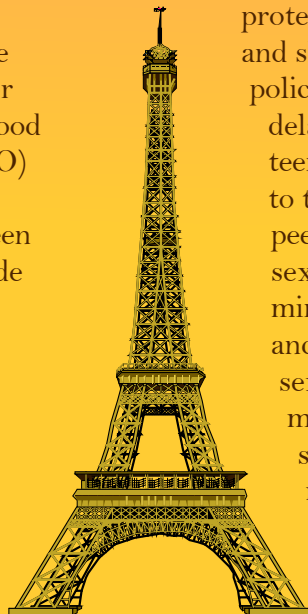


Honoring Barbara

At its annual conference last October, the Oregon Teen Pregnancy Task Force presented the first annual Barbara Ross Award to (fanfare, please) Representative Barbara Ross. Throughout her tenure in public office, Representative Ross has brought the issue of teen pregnancy to the forefront, raising community awareness and championing efforts to fund programs. Her efforts made a lasting difference to young people in Oregon and set a standard of excellence for those who work on their behalf. In years to come, this award will be presented to other Oregonians who share her inspiration, vision, and leadership in the area of teen pregnancy. Nominations are now open for the 2001 Barbara Ross Award. For details, please contact Lisa Cline at (503) 988-3663 x29054.

Learning From Europe

For the past several years, Advocates for Youth, a Washington, D. C.-based organization that promotes policies and programs in support of adolescent sexual health, has lead European research tours designed to gain insight into how Europe approaches the issue. The lessons learned offer great insight and promise as we struggle here to design effective programs for our youth. To promote the cause, Planned Parenthood Health Services of Southwestern Oregon (PPHSSO) is launching Rights, Respect, Responsibility®, a multiyear project to enhance the effectiveness of teen pregnancy prevention efforts in Oregon. A statewide effort will advocate for policies and programs based upon the successful European approaches to adolescent sexual behavior and responsibility. Part of this plan will include a European study tour consisting of 15-20 people. For additional information about the Rights, Respect, Responsibility® project, contact Mary Gossart, at mary@pphssso.org or (541) 344-1611, x13.



What's Different Over There

Philosophically, many European countries accept that older adolescents often choose to have a sexual relationship. Consequently, the programs and policies focus on protective services, knowledge, behaviors, and skills. In the United States, programs, policies, and national initiatives focus on delaying sex as long as possible, yet U.S. teens experience first intercourse one to two years before their European peers. Challenges are ongoing over sexuality education in public schools, minors' access to contraceptive services, and confidential testing/treatment for sexually transmitted infections. The media routinely feature explicit sexuality devoid of responsible messages. As a whole, Oregon, along with the rest of the nation, continues to spin its wheels around the issue of teen sexual behavior.

Violence ⚡ Teen Pregnancy

Breaking the Connection

Their lives often seem so complicated for ones so young. The disinterest in school, the drug or alcohol use, the unstable family relationships, the exposure to violence - how do they all connect? And why, knowing what we know, can't we adults make a bigger impact on teenage pregnancy rates? (To be sure, those rates have dropped, but they're still much higher than those in United Kingdom and other western European countries.) What are we overlooking?

As most of us involved with pregnant teenagers realize, a young person's understanding of normal relationships is shaped by the parental relationships they see. Exposure to domestic violence can undermine their self esteem, trust, and respect. Research indicates also that teenagers who have been raised in violent homes are more likely to choose violent partners, tending to perpetuate the cycle. Interpersonal violence, combined with low self-esteem and risky behaviors, stirs up a volatile mix that can lead to substance abuse and early sexual involvement. It contributes to the likelihood of early pregnancy by forced or coerced unprotected intercourse, birth control sabotage, sexual harassment, sexual assault, and date rape.

Certainly not all pregnant teens come from violent homes or violent relationships, and not all teens who grow up in violent homes experience early pregnancy. Still, a recent statewide study found that almost 38% of pregnant teens reported physical and/or sexual violence during the year preceding the pregnancy, compared to 22.6% of adults. So, where do we go from here?

We can start by broadening and deepening our understanding of the interpersonal violence-teenage pregnancy connection. Psychological and social factors that contribute to the likelihood of teenage pregnancy should continue to be researched and described from the perspective of the teens themselves.

Second, children need to be routinely assessed for exposure to interpersonal violence. The message should be iterated and reiterated that no one deserves to be hurt, that emotional abuse is as real as physical abuse, that abuse is not the teenager's fault, and that they can get help.

Third, teachers and health care providers need to be aware of early danger signs, such as loss of interest at school, suspected substance use, and social isolation. But it's just as important to remember that some behaviors adults define as risky are part of the natural risk-taking of adolescence. The difference is one of magnitude: risky behaviors clustered around teenage pregnancy are more enduring and encompassing than those associated with normal teenage experimentation.

The idea of reducing teenage pregnancy by disrupting the cluster of social issues surrounding it is not new or unique. Still, rethinking the contribution made by interpersonal violence and addressing violence issues through early identification and education may be one more useful strategy.

"At the moment, there is a great deal of support - cultural and institutional - for programs that suggest adolescents should not have sex lives." - Amy Benfer (Salon.com:

"A teen sex guru speaks up" 1/10/01)



Fatal Error: The Tragedy of Teen Suicide

by Ron Bloodworth, MA, LPC

Why do young people kill themselves? What are the warning signs for youth suicide? Can suicide be prevented? Unfortunately, there are no simple answers, but there is a growing body of knowledge and skills that offer hope for reducing the tragic loss of young lives to suicide.


Unless you've been there, it's hard to understand the dark tunnel of despair and hopelessness that a seriously depressed person can feel. Untreated depression is the number-one cause of suicide. Oftentimes, it's untreated depression in combination with other risk factors that results in a person's decision to take his or her own life. Sometimes, an event such as the breakup of a relationship, getting in trouble with the law, getting pregnant, or losing a friend or family member to suicide can trigger suicidal behavior.

It may sound strange, but most young people who attempt or complete suicide do not really want to die. The tragedy is that they choose a permanent solution to a temporary problem. They want to escape the problems they think are too big or too awful for them to solve. Their problems give them emotional and physical pain, and suicide seems like a sure way to stop the pain.

Understanding the facts (see "The Facts," on the opposite page) and knowing what to look for can help prevent suicide. If someone is talking about suicide, he must be taken seriously. Even indirect references or joking about it should be taken seriously. Anyone with a specific suicide plan is at imminent risk. Substance

abuse, a history of suicidal behavior, easy access to lethal means (especially firearms), or angry outbursts, violent or irrational behavior, are all risk factors for suicide. Any combination of risk factors dramatically increases the risk for suicidal behavior.

It's important to trust your gut feeling when concerned that a friend or family member may be feeling suicidal. And it's OK to ask someone if she's thinking about suicide. It will not put the idea in her head, and it may save her life. It's also important to help friends and family members get to professional help whenever there's a concern about possible suicidal behavior.

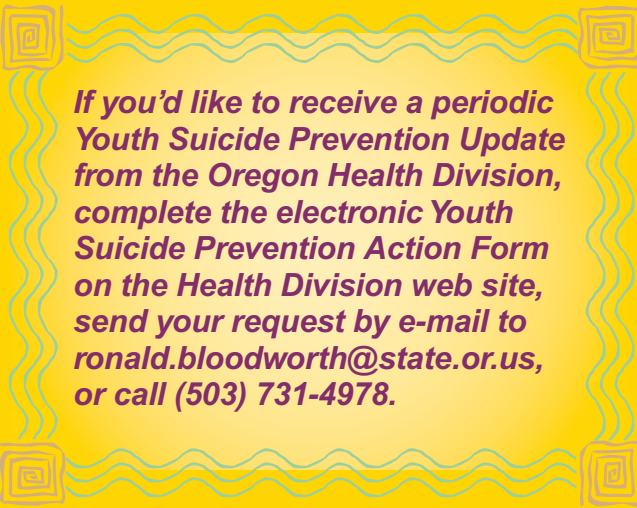


**"They choose
a permanent
solution to a
temporary
problem."**

Prevention is Everybody's Business

Not everyone is a therapist or suicide prevention expert, but we can all educate ourselves about suicide warning signs and community resources, and we can assist suicidal individuals in getting to professional help. The Oregon legislature has declared youth suicide prevention a state priority, and U.S. Surgeon General Dr. David Satcher has declared suicide a public health problem that can be prevented. Oregon has responded by creating a statewide plan for youth suicide prevention, available at www.ohd.hr.state.or.us/ipe/suicide.htm. It's a good place to learn more about the complex problem of suicide and the challenge of suicide prevention.

Ron Bloodworth is Youth Suicide Prevention Coordinator of the Oregon Health Division



If you'd like to receive a periodic Youth Suicide Prevention Update from the Oregon Health Division, complete the electronic Youth Suicide Prevention Action Form on the Health Division web site, send your request by e-mail to ronald.bloodworth@state.or.us, or call (503) 731-4978.

THE FACTS

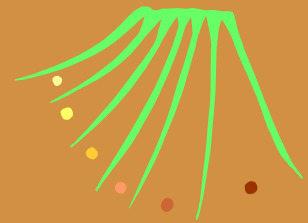
Historically, the shame and silence surrounding suicide has been a barrier to prevention. Understanding the facts about suicide is an important strategy, and believing that suicide can be prevented empowers us to take action:

- > Fact: Suicide is a leading cause of death among young people today
- > Fact: Most people who complete suicide have given some warning of their intent to do so to at least one other person
- > Fact: Suicide is preventable
- > Fact: Talking about suicide doesn't make young people want to commit suicide
- > Fact: Suicide is not inherited
- > Fact: Most suicidal people are depressed, but not otherwise mentally ill. However, mental illness is a serious risk factor for suicide
- > Fact: People who talk about killing themselves commit suicide
- > Fact: Suicide is not just a way to get attention
- > Fact: Suicidal teens believe their problems are serious
- > Fact: Many things lead up to a suicide
- > Fact: No special types of people commit suicide
- > Fact: A sudden, unexplained lift in mood in a previously suicidal person may indicate anticipated relief at ending one's pain as a result of developing a plan for completing suicide
- > Fact: A concerned, caring friend can make a difference.

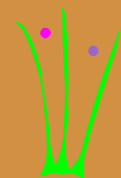


THE SAD STATISTICS

Suicide is the second leading cause of death for young people ages 10 to 24 in Oregon. More than 700 Oregon youth under the age of 18 receive emergency room care as a result of a suicide attempt each year, and an estimated 26,000 Oregon high school students have seriously considered suicide during the past year. For every suicide death, it's estimated that at least six to eight family members and friends are directly impacted by the loss. That impact can ripple through a community, putting the lives of already vulnerable youth at even greater risk of suicidal behavior.



Teenagers with positive social skills are more resilient and less prone to indulge in risky behaviors. And teenagers are more likely to develop positive social skills if they have sensitive nonviolent adult mentors, good literacy skills, and positive personal values.



Oregon Teen Pregnancy Task Force: What, Why, and Who

The Oregon Teen Pregnancy Task Force (OTPTF) is a statewide, non-profit organization dedicated to providing information and facilitating interagency communication about teen pregnancy prevention and teen parenting. It is the oldest such organization in the country, having incorporated in 1982. Its goals include:

- Supporting statewide efforts to delay pregnancy among teens
- Providing opportunities for networking among providers
- Encouraging continuing education and training activities for people working with teens
- Providing helpful information about issues relating to teen pregnancy and parenting to state agencies, legislators, and other interested groups.

The Oregon Teen Pregnancy Task Force currently carries out these goals through two major activities: an annual conference that provides professional development and information to professionals and individuals working with teens; and co-sponsorship of *The Rational Enquirer*. Both of these activities offer plenty of opportunities to become involved, and anyone can participate.

The Task Force is governed by an all-volunteer board of directors, which meets quarterly to share regional

and statewide information, review ongoing goals and activities, and consider new ideas. Board members are responsible to attend board meetings and are encouraged to participate in a standing committee or one-time activity each year. The Task Force is currently recruiting board members to fill vacant positions.

Task Force co-chairs are Lisa Cline, Pregnancy Prevention Coordinator for the Multnomah County Health Department and Patti MacRae, Project Coordinator for the Multnomah Network on Teen Pregnancy and Young Parenting at the Youth Services Consortium. Other officers include: vice chair Mary Karter, Portland Public Schools, and treasurer Diane Cohen-Alpert, Insights Teen Parent Program, Portland.

This is a great time to become involved in the Task Force Board of Directors, as the board is setting long range goals in such areas as advocacy, education and training, developing new partnerships, and increasing visibility. Representation from areas outside the Portland metro region is especially welcome. For more information or an application for board membership, contact Patti MacRae at (503) 281-6151, x15, or email: pmacrae@yscinc.org, or Lisa Cline, (503) 988-3663, x29054, or email lisa.a.cline@co.multnomah.or.us.

For additional copies of this issue, call (503) 731-4021, or download a copy at: www.ohd.hr.state.or.us/ah/

The Rational Enquirer

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